Adding “F”:
Integrating Family Throughout the ABCDE Bundle

Brenda Truman Pun
RN, MSN, ACNP
Webinar Goal
Describe how the ABCDE bundle has been updated and refined to include family throughout the process of care. Build on the concept of family presence and elevate contributions to engagement and empowerment.

Session Topics
- Adding “F”: The ABCDEF Bundle Revamped
- Patient- and Family-Centered Care—Myths and Realities
- Family Presence
- Patient and Family Engagement (PFE)
- Patient and Family Empowerment
**ABCDE Bundle Version 1.0**

- **A** (Awakening) and **B** (Breathing) Coordination
- **C** (Choice of sedative)
- **D** (Delirium identification and management)
- **E** (Early mobility)
ABCDE Bundle Version 2.0 Beta

- **ABC** Awakening and Breathing Coordination
- **D** Delirium identification and management
- **E** Early mobility
- **F** Family involvement
- **G** Good handoff communication
- **H** Hand the patient and family written information


Copyright © 2015 American Association of Critical-Care Nurses
The ABCDEF Bundle Revamped

A  Assess, prevent, and manage pain

B  Both spontaneous awakening trials and spontaneous breathing trials

C  Choice of analgesia and sedation

D  Delirium: assess, prevent, and manage

E  Early mobility and exercise

F  Family engagement and empowerment


Copyright © 2015 American Association of Critical-Care Nurses
Characteristics of Patient- and Family-Centered Care

- Keep patient and families...
  - Informed
  - Actively involved in decision-making
  - Actively involved in self-management
- Provide both physical comfort and emotional support to patient and families
- Maintain a clear understanding of patients’ concepts of illness and cultural beliefs
Polling Question

How involved are families in your unit?

- Not present
- Present but not involved
- Involved
- Actively engaged in daily care
Creating the Right Environment

- Family Presence
  - Patient and Family Engagement
  - Patient and Family Empowerment
Current Realities

- “Social” isolation separates patients from families
- Families know patients’ cognitive function
- Restrictions:
  - Hours
  - Visitor number
  - Visitor age

90% US ICUs surveyed in 2008 had restrictive visitation policies
62% had ≥3 restrictions

AACN Critical Care Webinar Series

References:

Copyright © 2005 American Association of Critical-Care Nurses
Family Presence
Myths and misconceptions

INTERFERES WITH CARE
EXHAUSTS THE PATIENT
BURDENS FAMILIES
SPREADS INFECTION
Patient Benefits of Flexible Visitation

- Decreases anxiety, confusion, and agitation
- Reduces CV complications
- Decreases ICU length of stay
- Decreases Falls
- Provides feelings of security
- Increases satisfaction
- Increases quality and safety

AACH. Family presence: visitation in the Adult ICU. 2011.

Copyright © 2015 American Association of Critical-Care Nurses
Family Benefits of Flexible Visitation

- Increases family satisfaction  Decreases anxiety
- Promotes communication  Allows more opportunities for teaching
- Increases involvement in care  Contributes to a better understanding of the patient
Expected Practice Standards

▪ Provide unrestricted access by a specific support person
▪ May or may not be the surrogate decision-maker/legally authorized decision-maker
▪ Implement policies to prohibit discrimination related to the support person
▪ Create written practice document to limit visitors who infringe on the rights of others
▪ Unit redesign efforts should consider impact of family presence
  □ Comfort
  □ Sleeping

Copyright © 2015 American Association of Critical-Care Nurses
Family Presence During Codes

- Family members were offered the opportunity to be present during a code
- Of those, 79% witnessed the code
- The affect of inviting family members to witness codes did not have an affect on:
  - Resuscitation characteristics
  - Patient survival
  - Level of emotional stress in the medical team
  - Medicolegal claims
Benefits

Family presence during codes

- Short (90-day) and long-term (1-year) benefits
- Families that were offered the chance to witness codes were less likely to have:

  - PTSD SYMPTOMS
  - DEPRESSIVE EPISODES
  - COMPLICATED GRIEF


Copyright © 2015 American Association of Critical-Care Nurses
Creating the Right Environment

Family Presence

Patient and Family Engagement

Patient and Family Empowerment
Inviting Families and Patients to Engage in Care

- Focus on **activities that actively involve them** in the patient’s care
- Communication will allow for **greater understanding** of cultural/spiritual needs
- Be sensitive to their questions and concerns
- Adopt some common strategies for engagement and provide education and modeling of that
How to Engage Family Members

- Invite families to the bedside
- Demonstrate patient care
- Educate on safety
- Give permission for involvement
  - Hold hands
  - Bring sensory aides (eg, glasses, hearing aides)
  - Apply lotion
  - Wipe mouth/forehead
  - Read to
  - Range of motion/exercises
How to Engage Family Members

- Provide training to the nursing staff on how to engage family members
- Create consensus in unit among how staff involve families
- Have preprinted brochures that outline common things family members can do to help the patient
Elements to Consider

Concerns/fears
- What are their unique concerns and fears?

Skills/knowledge
- What do they need to know to be a part of the team?

System support
- What can the system do to promote PFE?
ICU Diaries

- ICU diaries decreased the incidence of PTSD following ICU stay
- Diary contents:
  - Calendar of events and/or milestones
  - Specific photos of the patient
  - General photos of what the unit looks like
  - Entries from staff and/or family
  - Utilize printed templates or websites
- Great resource: http://www.icu-diary.org
Family Participation on Rounds

- Include decision-makers and patients whenever possible
- Invite them and provide opportunities to ask questions and clarify
- Foster bidirectional communication and shared decision-making
- Ask: “Are there any additional concerns that you have?”
Creating the Right Environment

- Family Presence
- Patient and Family Engagement
- Patient and Family Empowerment
Empowering Family Members

- Family members are patients’ primary advocates
- Provide them the tools and permission to speak up
- Create a safe environment for open communication
- Create a culture where it is acceptable for our actions to be questioned
- Three key areas:
  - Safety
  - Shared decision-making
  - Future care expectations
Safety Is Personal

National Patient Safety Foundation recommendations:

- Patients: Don’t go to the hospital alone, and be sure you understand your plan of care
- Nurses: Invite patients and families to participate on quality and safety committees

“Patients and families can play a critical role in preventing medical errors and reducing harm”
National Patient Safety Foundation, 2014
Speak Up If You See Something Unsafe

- Give families permission to speak up
- Teach them what should be happening
- Ask them to hold the team accountable

Examples of possible concerns:
- Allergies
- Hand washing
- Unnecessary restrictions
- Delirium assessments
Shared Decision-Making

“Shared decision making is a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preference.”

- http://www.informedmedicaldecisions.org/what-is-shared-decision-making

- Partnership is formed (patient, family, ICU team)
- Necessitates full disclosure of patient’s status
- Necessitates regular meetings (begin within 24–48 hours)
- Staff training needed in these areas:
  - Good communication skills
  - Meeting facilitation skills
  - Conflict management skills


Copyright © 2015 American Association of Critical-Care Nurses
End-of-Life
Shared decision-making

<table>
<thead>
<tr>
<th>PHYSICIANS</th>
<th>SURROGATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are often hesitant to provide prognostic data because they think the surrogates are expecting certainty.</td>
<td>Do not expect certainty, but they do value the conversation and include the prognostic disclosure in decision-making.</td>
</tr>
</tbody>
</table>
End-of-Life
Family conferences

- Use **proactive communication** strategies that include longer conferences and **more time for family to talk**
- Provide a brochure on bereavement
- Involve ethics consults
- Consider language barriers and include translators
- Acknowledge and address emotions
- Pursue key principles of medical ethics and palliative care
  - Exploration of patient preferences
  - Explanation of surrogate decision-making
  - Affirmation of nonabandonment

Future Care Needs

- Families (and even sophisticated patients) have little appreciation for **critical illness as a traumatic stressor**
- Provide education to help **adjust expectations**
  - Brochures on what to expect after discharge
  - Websites with patient/family-centered info
  - Introduce post-intensive care syndrome
  - Recognize signs of depression, anxiety, and PTSD
- Consider creating educational materials **for discharge packets**
Questions?
**AACN Implementation**

Tools and Resources

Designed to help you apply these practices in your environment

- **Tools and Tactics:** A Blueprint for Integrating Family Throughout the ABCDE Bundle and Elevating Contributions to Engagement and Empowerment
- **Bridging the Gap:** A Gap Analysis to Identify Myths and Misconceptions About Involving Family Members in Care
- **ABCDEF Bundle at ICUdelirium.org**
- **Resources to Integrate Patients and Family Members into Care:** Engage and Empower!

Find these tools on the Integrating Family webinar information page at [www.aacn.org/webinars](http://www.aacn.org/webinars)

Copyright © 2015 American Association of Critical-Care Nurses
Implement Evidence-based Practices to Integrate Family Throughout the ABCDE Bundle Improve Patient Outcomes

1. Download the **Implementation Tools**. Find them on the Adding “F”: Integrating Family Throughout the ABCDE Bundle webinar information page at [www.aacn.org/webinars](http://www.aacn.org/webinars)

2. **Discuss** the tools and recommended practices with your colleagues

3. **Implement practices** that are suitable for your unit
Know Your Online Resources

Families and Patients
- www.ardsusa.org
- www.ICUdelirium.org
- www.sepsisalliance.org
- http://icusteps.org
- www.myicucare.org/Adult-Support/Pages/Post-intensive-Care-Syndrome.aspx

Healthcare Professionals
- www.nice.org.uk/CG83
- http://www.icu-diary.org
References


References (cont)

- Collier S. CAUTI Reduction Cohort 9 ICU. June 2015 content call.
References (cont)

References (cont)


References (cont)

References (cont)

References (cont)